

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41826

State File No.

No. 300

10.48

FILED DEC 30 1952

Registrar's No. **10.3**

1. PLACE OF DEATH a. COUNTY Cleator		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Cleator	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron 0251	
c. LENGTH OF STAY (in this place) 7 Mts.		d. STREET ADDRESS (If rural, give location) E. Prospect 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION E. Prospect			
3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) B c. (Last) Filley			4. DATE OF DEATH (Month) (Day) (Year) 12 23 52
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 6 - 1884
9. AGE (In years last birthday) 66	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	11. BIRTHPLACE (State or foreign country) Caldwell Co. Mo	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wm Filley	13b. MOTHER'S MAIDEN NAME Mary Weisend	14. NAME OF HUSBAND OR WIFE Stella Filley	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME E. Roy Filley ADDRESS St. Louis, Mo	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis	
		DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 9, 1947 , to Dec 23, 1952 , that I last saw the deceased alive on Dec 18, 1952 , and that death occurred at 11:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Cameron Mo.	23c. DATE SIGNED 12-24-52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-24-52	24c. NAME OF CEMETERY OR CREMATORY mt. cym. cemetery	24d. LOCATION (City, town, or county) (State) Altamont Mo
DATE REC'D BY LOCAL REG. 12-24-52	REGISTRAR'S SIGNATURE Winifred W. Moser	25. FUNERAL DIRECTOR'S SIGNATURE Paloud Funeral Home ADDRESS Cameron Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert F Poland.

Licensed Embalmer No. 4077

P. O. Address 222nd St
Camden NJ

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.